

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

21

2713

1. PLACE OF DEATH  
 County Gasconade Registration District No. 303 File No. 2713  
 Township Boards Primary Registration District No. 5420 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Unnamed Pollmann 11750  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. (If nonresident, give city or town and State)  
 How long in U. S., if of foreign birth? 1 yrs. 1 mos. 1 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-12-1938

7. AGE YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation ✓

MOTHER FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrmann Mo  
 13. NAME Ben Pollmann  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boay Mo  
 15. MAIDEN NAME Sophia Beck  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrmann Mo

17. INFORMANT Ben Pollmann (ADDRESS) Herrmann Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Herrmann City DATE 1/13 38  
 19. UNDERTAKER Hugh H. Blum (ADDRESS) Herrmann Mo  
 20. FILED 1-13- 1938 Anna K. Riedloff Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw her alive on Jan 12, 1938. Death is said to have occurred on the date stated above, at 8:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Premature birth  
15'  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. G. Peter, D.O.  
 (Address) Herrmann, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 24 1938

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